

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027823

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Senath	
Length of stay in 1b 3-days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Mem. Hosp.		d. STREET ADDRESS (If outside, give location) Gen. Del.	
3. NAME OF DECEASED (Type or print) First John Middle Andrew Last Turman		4. DATE OF DEATH Month July Day 12 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/5/1882
9. AGE (last birthday) 81		10. IF UNDER 1 YEAR IF UNDER 24 HR Months 3 Days 7 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Senath, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME L. Bedford Turman (Dec.)		13b. MOTHER'S MAIDEN NAME Molly Pepins (Dec.)	
14. NAME OF HUSBAND OR WIFE Mattie Turman		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mattie Turman, Senath, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arteriosclerosis DUE TO (b) 20 years DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month: Day, Year 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Senath, Missouri	
21. I attended the deceased from 5/10/61 to 7/12/63 and last saw him alive on 7/12/63 Death occurred at 10:00A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R. J. Polinski MD	
22b. ADDRESS Hornersville, Mo		22c. DATE SIGNED 7/15/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/14/1963	23c. NAME OF CEMETERY OR CREMATORY Senath	
23d. LOCATION (City, town, or county) Senath, Missouri		24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath, Mo.	
25. DATE RECD. BY LOCAL REG. 7-18-1963		26. REGISTRAR'S SIGNATURE Paul H. Hunsicker	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10355

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Benny D. Bradshaw

Licensed Embalmer No. 5213

P. O. Address Senath, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.